

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4511  
 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. 04491

No. 62

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u>	MARYLAND	STATE <u>Ind</u>	COUNTY <u>Caroline</u>
CITY (If outside corporate limits write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town)	
<u>Rural Denton</u>	<u>2 1/2 yrs</u>	<u>Rural Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED:		4. DATE OF DEATH	
(First) <u>LILLIE</u>	(Middle) <u>GAY</u>	(Last) <u>ACREE</u>	(Month) <u>MAY</u> (Day) <u>3</u> (Year) <u>1955</u>
5. SEX: <u>7</u>	6. COLOR OR RACE: <u>N</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>Aug. 8, 1890</u>
9. AGE last birthday: <u>64</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Home work</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Charles Gross</u>		14. MOTHER'S MAIDEN NAME: <u>Adeline Jackson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:	
		17. INFORMANT & ADDRESS: <u>Taft Acree, Denton, Ind</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Pulmonary edema</u> DUE TO Antecedent cause(s) (b) <u>Myocarditis</u> Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)			<u>1 hr</u> <u>Several months</u>
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	
21c. (City or town) (County) (State)		21d. HOW DID INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>Samuel O. George MD</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>5/3/55</u> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>May 7, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Crest Spring Grove</u>		LOCATION (City, town, or county) <u>Denton, Ind.</u>	
DATE REC'D BY LOCAL REG. <u>5/3/55</u>		REGISTRAR'S SIGNATURE <u>Samuel O. George</u>	
24. FUNERAL DIRECTOR		ADDRESS <u>Dr. Vergil Moore &amp; Son, Denton, Ind.</u>	

5561 6 MAY

BUREAU V. S.

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

4502

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Caroline</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Newton</u>	LENGTH OF STAY (in this place) <u>40 yrs</u>	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Newton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (First) <u>Beatrice</u> (Middle) <u>Storace</u> (Last) <u>Dukes</u>		4. DATE OF DEATH: (Month) <u>May</u> (Day) <u>31</u> (Year) <u>1955</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH: <u>June 13<sup>th</sup> 1870</u>
9. AGE last birthday: <u>84</u> yrs. <u>1</u> Months <u>2</u> Days <u>1</u> Hours <u>1</u> Min.		10. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <u>Retired Teacher</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Levi Dukes</u>		14. MOTHER'S MAIDEN NAME: <u>Elizabeth Jewell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>9</u>		16. SOCIAL SECURITY No.: <u>MISS</u>	
17. INFORMANT & ADDRESS: <u>Miss Minnie Dukes</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death	
Immediate cause (a) <u>Carcinoma - Liver</u>		<u>8 wks.</u>	
Antecedent causes (s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION: <u>0</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) <u>HOMICIDE</u>		PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 21</u> , 19 <u>53</u> , to <u>May 3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 2</u> , 19 <u>55</u> , and that death occurred at <u>10:40 pm.</u> , from the causes and on the date stated above.			
SIGNATURE <u>E. Paul Knotts M.D.</u>		DATE SIGNED <u>May 5-1955</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		DATE THEREOF <u>May 6-55</u>	
NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery</u>		LOCATION (City, town, county) (State) <u>Newton Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>5/6/55</u>		24. FUNERAL DIRECTOR <u>George J. Virgil Moore &amp; Sons</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 9 1955

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

04493

Reg. Dist. No. 62

1. PLACE OF DEATH— COUNTY <u>Caroline</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED— STATE <u>Ind</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Rural Denton</u>		LENGTH OF STAY (In this place) <u>30 yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>				STREET ADDRESS (If rural, give location) <u>X</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>James Alonzo Mulligan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1955</u>			
5. SEX <u>M</u> COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11/24/89</u>	
9. AGE last birthday <u>71</u> yrs.		If under 1 year Months <u>5</u> Days <u>2</u>		If under 24 hrs. Hours <u>2</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>James Mulligan</u>		14. MOTHER'S MAIDEN NAME <u>Mary Wilson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY No. <u>—</u>		17. INFORMANT AND ADDRESS <u>Remsey Mulligan - Denton</u>	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH	
976X Immediate cause (a) <u>Internal Hemorrhage</u>				<u>Sudden</u>	
Antecedent cause(s) (b) <u>Gun shot wound - Left Chest</u>				<u>Yes</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>—</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg, etc.) INJURY <u>Home</u>		(CITY OR TOWN) (COUNTY) (STATE) <u>Rural Denton Caroline Ind</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>5 15-54 8:30A</u>		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		HOW DID INJURY OCCUR? <u>Shot self in Chest</u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
SIGNATURE <u>Thomas D. George MD</u>		ADDRESS <u>Denton Ind</u>		DATE SIGNED <u>5/15/55</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>5/18/55</u>		NAME OF CEMETERY OR CREMATORY <u>Hallsboro</u>	
LOCATION (City, town, or county) (State) <u>Hallsboro Ind</u>		24. FUNERAL DIRECTOR <u>J.D. Moore</u>		ADDRESS <u>San Denton Ind</u>	
DATE REC'D BY LOCAL REG. <u>5/12/55</u>		REGISTRAR'S SIGNATURE <u>Thos D George</u>			

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MAY 23 1955

BUREAU V. S.

4504

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Caroline</i>		MARYLAND		STATE <i>Maryland</i>		COUNTY <i>Seaboard</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL OR and give nearest town)		20-40-2	
X TOWN <i>Denton</i>		5 days		TOWN <i>Easton</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00				304 <i>Redwood Ave</i> ✓			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<i>Sallie May March</i>				<i>May 16 1955</i>			
5. SEX: <i>F.</i>		6. COLOR OR RACE: <i>W.</i>		7. <del>SINGLE</del> MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH: <i>June 25, 1879</i>	
				9. AGE last birthday: <i>75</i> yrs.		10. IF UNDER 1 YEAR: Months <i>10</i> Days <i>21</i> Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION: Give kind of work done during most of working life, even if retired: <i>Housewife</i>				10b. KIND OF BUSINESS OR INDUSTRY: <i>Own Home</i>		11. BIRTHPLACE (State or foreign country): <i>Maryland</i>	
13. FATHER'S NAME: <i>William F. May</i>				14. MOTHER'S MAIDEN NAME: <i>Margaret Gibbons</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): <i>No</i>				16. SOCIAL SECURITY No.: <i>None</i>		17. INFORMANT & ADDRESS: <i>Richard L. Smith, Denton Md</i>	

18. MEDICAL CERTIFICATION		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
450.0 Immediate cause (a) <i>Arterio Sclerosis</i>		<i>15 yrs -</i>
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <i>Bronchitis, Chronic</i>		<i>10 yrs</i>
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Did not see her alive*, 19....., that I last saw the deceased

Live on <i>5/18/55</i> , and that death occurred at <i>5/18/55</i> , from the causes and on the date stated above.		DATE SIGNED <i>5/18/55</i>	
SIGNATURE <i>Dr. George M. D. Smith</i>		ADDRESS <i>Easton Md</i>	
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF <i>May 19, 55</i>	NAME OF CEMETERY OR CREMATORY <i>Belmont</i>	LOCATION (City, town, or county) <i>Easton</i>
DATE REC'D BY LOCAL REGISTRAR <i>5/18/55</i>	REGISTRAR'S SIGNATURE <i>Thos D. George</i>	24. FUNERAL DIRECTOR <i>Wm. C. Smith</i>	ADDRESS <i>Easton Md</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 28 1955

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4505 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04495

# CERTIFICATE OF DEATH

Reg. Dist. No. 66

Item 9, Film G181 5-19-55 et

## 1. PLACE OF DEATH:

COUNTY Caroline MARYLAND  
CITY (If outside corporate limits, write RURAL LENGTH OF STAY  
OR and give nearest town) Ridgely (in this place)  
X TOWN 4 yrs  
HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland Caroline  
CITY (If outside corporate limits, write RURAL and give nearest town)  
OR  
TOWN Ridgely  
STREET ADDRESS (If rural give location)

## 3. NAME OF DECEASED:

(First) (Middle) (Last)  
MAY LANDERS ROYER  
(Type or Print)

4. DATE OF DEATH: (Month) (Day) (Year)  
MAY 8 1955

## 5. SEX:

7 F  
6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: NOV. 9, 1876

9. AGE last birthday: 77 yrs. 78 yrs. Months Days Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

## 13. FATHER'S NAME:

John Landers

## 14. MOTHER'S MAIDEN NAME:

Harriett Foreman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 222

## 17. INFORMANT & ADDRESS:

Mrs. Thos. Jones, Ridgely, Md.

## 18. MEDICAL CERTIFICATION

### 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X  
Immediate cause

(a) DUE TO

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c) DUE TO

Acute myocardial infarction

Myocardial infarction secondary to

Hypertension

Interval Between Onset And Death

24 HRS

(years)

(years)

### 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 19b. MAJOR FINDINGS OF OPERATION: Calcified

### 20. AUTOPSY ?

Yes ☐ No ☒

### 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from May 7, 1955, to May 8, 1955, that I last saw the deceased

alive on May 7, 1955, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

### 23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

DATE THEREOF

May 10-1955

NAME OF CEMETERY OR CREMATORY

W. B. Cemetery Thurmont

LOCATION (City, town, or county)

Frederick Co Md

(State)

DATE REC'D BY LOCAL REGISTRAR

May 8, 1955

REGISTRAR'S SIGNATURE

Mary E. Laird

24. FUNERAL DIRECTOR

M. C. Creager

ADDRESS

Thurmont

BUREAU V. S.

MAY 13 1955

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Reg. Dist. No. 63

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MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Caroline		Caroline	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
Preston		Preston	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
		Main	
3. NAME OF DECEASED (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
Cameron Slater White		5 9 1952	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Male	White	Married	1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
			Pennsylvania
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William White		Turkey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		214-32-7397	Mary E. White Preston
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.0 Immediate cause (a) Acute Coronary Occlusion			15 min
Antecedent cause(s) (b) Arteriosclerotic Heart Disease			8-10 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. Pericarditis (arteriosclerotic vascular)			8 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2/15/51, 1951, to 5/12/55, 1955, that I last saw the deceased alive on 5/9/55, 1955, and that death occurred at 9 P.M., from the causes and on the date stated above.			
SIGNATURE		ADDRESS	DATE SIGNED
L. B. Plummer M.D.		Preston Maryland	5/10/55
23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/12/55	Jr. O.U.A.M.	Preston Md.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-10-55	Cornelia W. Plummer	21-222 S. Federal	Preston

BUREAU V. 2

MAY 12 1955

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